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Approved, SCAO

3rd copy - Plaintiff 4th copy - Defendant

STATE OF MICHIGAN JUDICIAL CIRCUIT

MOTION/STIPULATION

CASE NO.

COUNTY	FOR TRANSFERRING CASE (Post Judgment)	
Court address		Court telephone no.
Plaintiff's name, address, and telephone no.	V Defendant's na	ame, address, and telephone no.
	☐ MOTION ☐ STIPULATION	
☐ 1. I, ☐ the plaintiff, ☐ the defe	ndant,	request transfer of this case to
of the minor child(ren). b. All parties have resided in concept. c. Name of plaintiff/defendant requested for at least six monds. The county to which the transfer of the court, requested for the court, requested following reasons:	nths. sfer is requested is not adjacent to the county	iction for more than six months. ided in the county to which the transfer is y of current jurisdiction. County for the
	Name and title (type	or print)
Signature	Signature	
Name and title (type or print)	Name and title (type	or print)
	NOTICE OF HEARING	
A hearing will be held on the above r	notion on at Date Time	at the above court address.
If you require special accommodation arrangements.	ns to use the court because of a disability, p	lease contact the court immediately to make
Landiffered and help state to a 20 to	CERTIFICATE OF MAILING	adh an manda ha ann dha am a a 29 a 11 a a a a 12 a 12 a 1
her last known address.	by of this motion and notice of hearing on the	other party by ordinary mail addressed to his/
Date	Signature	